

GRANT OFFICE USE ONLY
Notification to ITS:
Initials:

GRANT AWARD APPROVAL FORM

1. Official Name of Grant Program:

2004 - Team Nutrition Grant
☐ Continuation
(years) (title)

Date of SBE approval of grant criteria

N/A per grant application
☒ Initial ☐ Amendment
(type)

Legislation Authorizing this Grant Program: P.L. 108-199

☒ Federal Grant CFDA Number 10.574

☐ State Grant

☐ Other (Private, Foundation)

2. Type and Purpose of Grant Program: (check one)

This funding is to deliver new and innovative training programs on the Dietary Guidelines for Americans 2000 to school and child care decision makers; including teachers, school food service personnel, principals, superintendents, board members, parents and leaders of children's organizations.

☐ Competitive
☐ Formula
☒ Other

Per approved grant to MDE
(specify)

3. SBE Priorities and Policies that this Grant Program Supports: (check all that apply)

Priorities

- ☒ Integrating Communities and Schools
☐ Elevating Educational Leadership
☐ Embracing the Information Age
☐ Ensuring Early Childhood Literacy
☐ Ensuring Excellent Educators

Policies

- ☐ Bullying
☐ Character Education
☒ Creating Effective Learning Environments
☒ Family Involvement
☐ Safe Schools

☐ Other

(specify)

4. Grant Categories (If not described in Item 2): ☒ NOT APPLICABLE

5. Target Population to be Served by Grant:
Entire state

6. Total Funds Awarded:
200,000

7. Eligible Applicants:
Michigan State University Extension

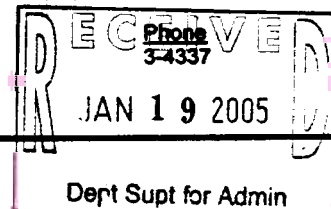
8. Description of Priorities Given to Any Specific Population or Location: ☒ NOT APPLICABLE

9. Grant Administration:

Office
School Support Services

Unit
Food & Nutrition Program

Contact
Barbara Campbell



8363 975

10. OFFICE	Office Director Approval Signature: <u>Mary A. Charter</u> Phone: _____ Comments: _____	Date: <u>1/19/05</u>
11. BUDGET OFFICE	Budget Office Approval Signature: <u>N/A</u> Comments: _____	Date: _____
12. GRANTS OFFICE	Grants Office Approval Signature: <u>Mary A. Charter</u> Comments: _____	Date: <u>1/19/05</u>
13. DEPUTY SUPERINTENDENT	Deputy Superintendent Approval Signature: <u>Carol W. Wenzel</u> Comments: _____	Date: <u>1-19-05</u>
14. SUPERINTENDENT	Superintendent Approval Signature: <u>Tom Watkins</u> Comments: _____	Date: <u>1-24-05</u>

Exhibits A, B, and C are not required.

INSTRUCTIONS:

- A. Complete items 1-10 on this form. The Grants Administration Unit will facilitate completion of items 11-14.
- B. Attach three (3) sets of Exhibits A, B, and C.
 Exhibit A---List of applicants (alphabetical order) recommended for funding, the amount requested, the amount recommended, and a three to five sentence abstract of the proposal.
 Exhibit B---List of applicants (alphabetical order) not recommended for funding and the amount each requested.
 Exhibit C---Map of Michigan indicating the location of recommended applicants.
- C. Attach the grant award letters for the Superintendent's signature and the non-award letters for the Service Area Director's signature. The letters should be submitted in the same order given in Exhibit A and/or B. For each final Grant Award Notification letter, a Grant Award Notification form (yellow sheet) also needs to be submitted for the Superintendent's signature.
- D. Transmit Grant Award Approval Form (pink), attachments, and letters to the Grant Administration Unit.